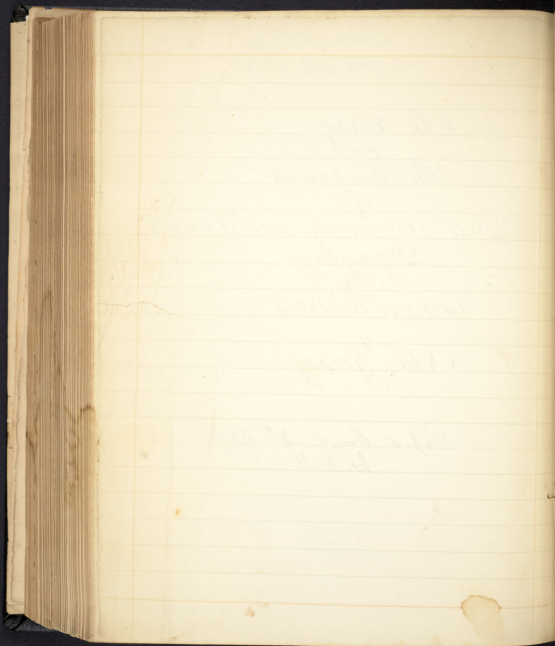


Ms 116 Feb 14th Ch #13
Ms 6 South 2^d St.

An Essay
on
The Treatment
of
Acute Subacute and Chronic
Dysentery
By
Samuel Webster
of
New Jersey,

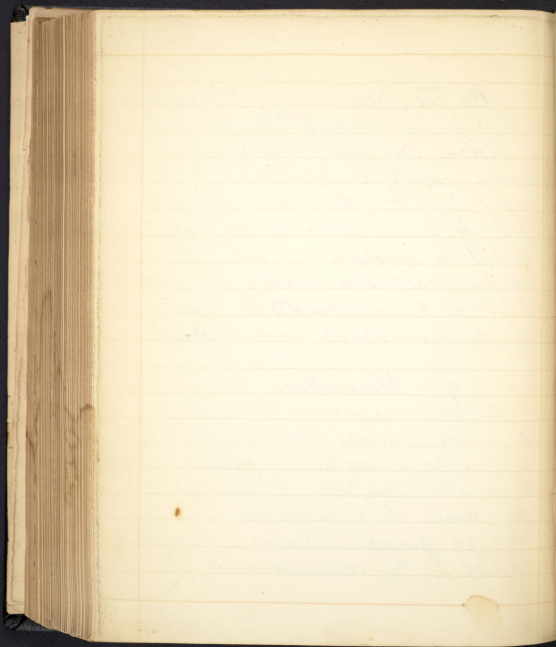
Printed March 24th 1827
W. & H.



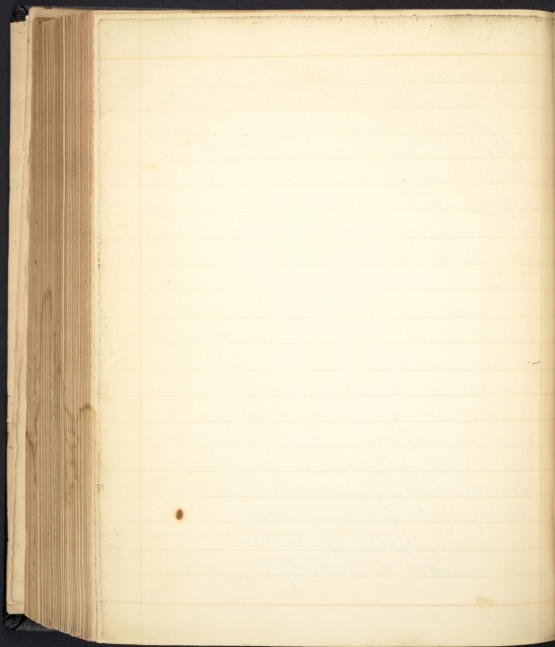
On The Treatment of Dysentery
 Happily for mankind the name of
 a disease does not produce the
 same unaltered routine of treat-
 ment in it. But as it is modi-
 fied by some particular climate
 district or epidemic so will the
 skilful practitioner modify his treat-
 ment as to correspond to the case
 as the circumstances may indicate.

Of Bloodletting

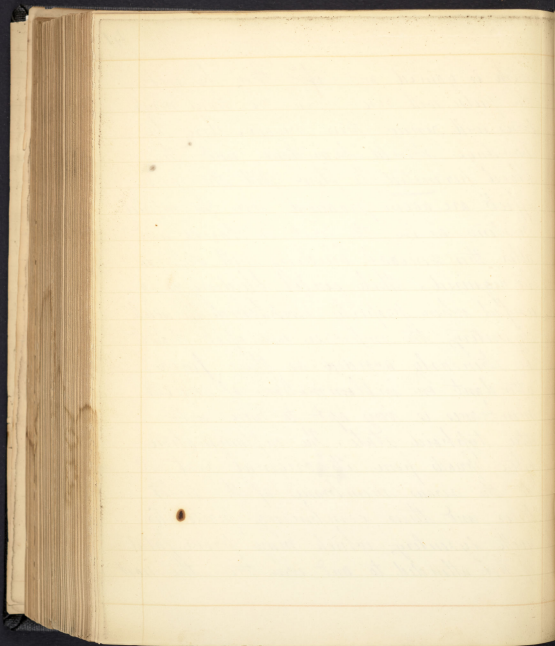
In the beginning of acute
 dysentery general bleeding will be
 of very great service and often in-
 dispensably necessary to conduct
 the disease to a favourable end.
 Though general bleeding is principally
 adapted to the commencement of



this variety yet there are many cases
 of it in which the lancet is not
 actually required till many days
 after it has manifested itself.
 When bleeding is deemed necessary, I
whether it be in the commencement
 or many days after its attack the lan-
 cet should be carried so far as to
 make a decisive impression over
 the heart and arteries for when it is
 carried to this extent it has a much
 greater influence in arresting the
 progress of this disease as well as
 making a repetition of it in many
 cases unnecessary. In all cases where
 the lancet is used it will be best
 for the phlebotomist to stay with
 the patient for some time to see
 whether the effects of the lancet are
 permanent or not. If they be cur-

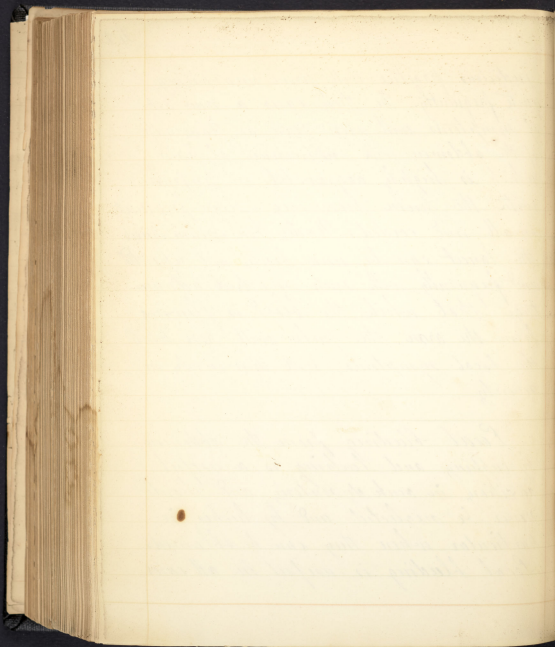


with is gained and if then be not
 the pulse will rise while the local symp-
 toms will renew their vigour. Here the
 bandage should be undone and the
 blood permitted to flow till the same
 effects are again produced over the arterial
 system as in the first instance and
 after this general bleeding will seldom
 be required. While gentle bleeding is so
 useful when properly employed in acute
 dysentery the improper use of it should
 be strenuously avoided as the fever
 attendant on inflammation of mucous
 membranes is very apt to run into
 the typhoid state. The inflammation
 often spreads from its original seat
 to the serous membrane of the intes-
 tines and thus combining peritonitis
 with dysentery which may prove fatal
 if not attended to and even then the most



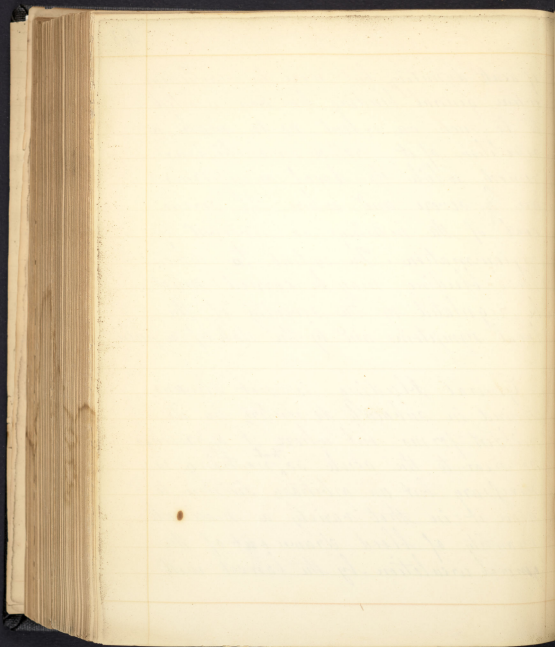
judicious practice will prove unavailing quite frequently. In these cases a new set of symptoms will arise such as tenderness of the abdomen with an increase of pain which is highly aggravated on pressure with the pulse becoming more frequent small and corded. Under these circumstances the lancet can be used freely and repeated and frequently with such marked advantage that while the blood is flowing from the artery the pulse will rise while the local symptoms will diminish in severity.

Local bleeding from the abdomen by cupping and leeching is a useful auxiliary in acute dysentery and should never be neglected and by leeches in particular where they can be obtained. Local bleeding is useful in all cases



of acute dysentery but more in particular where general bleeding has been resorted to to such an extent as to make a repetition of it a rather an ambiguous remedy while the local symptoms are very severe and where the serous coat of the intestines is involved by inflammation. The extent to which local bleeding may be carried must be regulated by the severity of the local symptoms and by the state of the pulse.

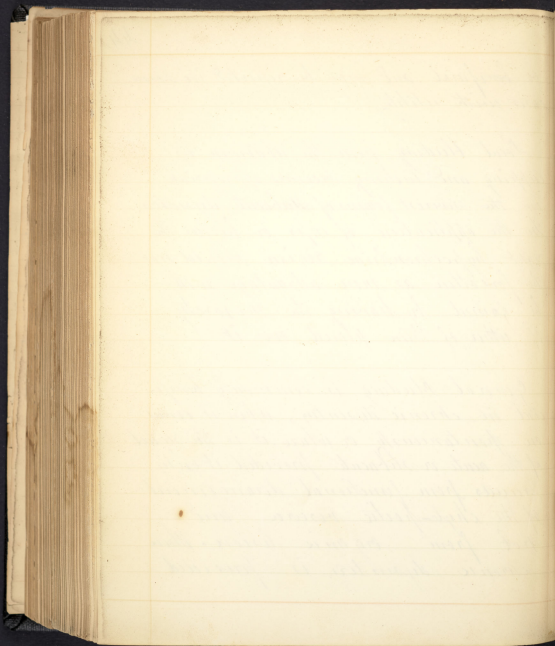
General bleeding is not always required in subacute dysentery in its mildest forms but where it approaches so near to the acute as ^{not} nothing is necessary but an arbitrary decision to place it in that variety a moderate quantity of blood drawn out of the general circulation by the lancet will



is beneficial and may be repeated in some cases with utility.

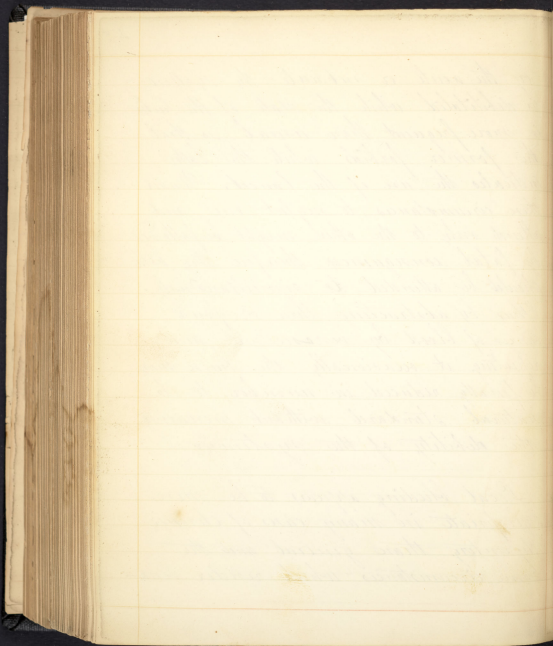
Local bleeding from the abdomen by cupping and leeching becomes appropriate in the severest forms of subacute dysentery. In the application of cups or leeches the right hypochondriac region should not be forgotten as more advantage will be gained by having the majority of either of them placed over it.

General bleeding is commonly beneficial in chronic dysentery, when it arises spontaneously or when it is the sequel of the acute or subacute provided it only proceeds from functional derangement of the chylipoietic viscera and not from organic lesions. When chronic dysentery is preceded



by the acute or subacute the system is debilitated while the state of the pulse is more frequent than usual so that the former forbids while the latter indicates the use of the lancet. Under these circumstances to neglect one and attend only to the other might be followed by fatal consequences therefore they both should be attended to simultaneously. Thus by abstracting three or four ounces of blood by venesection and repeating it occasionally the pulse may be finally reduced in number to its natural standard without increasing the debility of the system.

Local bleeding appears to be more appropriate in many cases of chronic dysentery than general and the same circumstances which render ven-

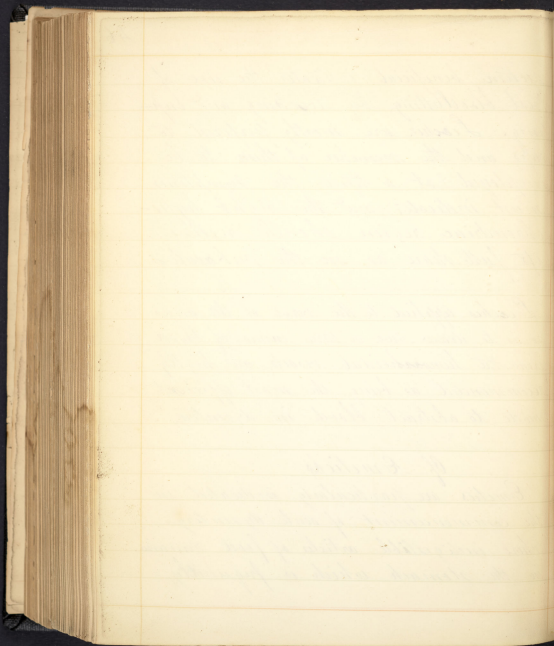


suction beneficial indicates the use of local bloodletting, by leeching and cupping. Leeches are mostly preferred to cups and the number of them to be employed at a time the symptoms must indicate; and the right hypochondriac region should receive its full share as in the sub-acute

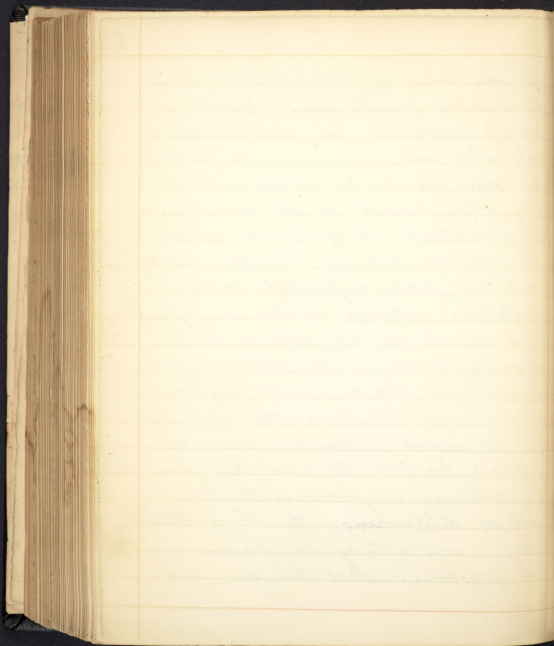
Leeches applied to the verge of the anus so as to draw two or three ounces of blood from the hemorrhoidal vessels are highly recommended as being the most efficient mode to abstract blood in dysentery.

Of Emetics

Emetics are particularly indicated in the commencement of acute dysentery, where indigestible articles of food remain in the stomach which is frequently



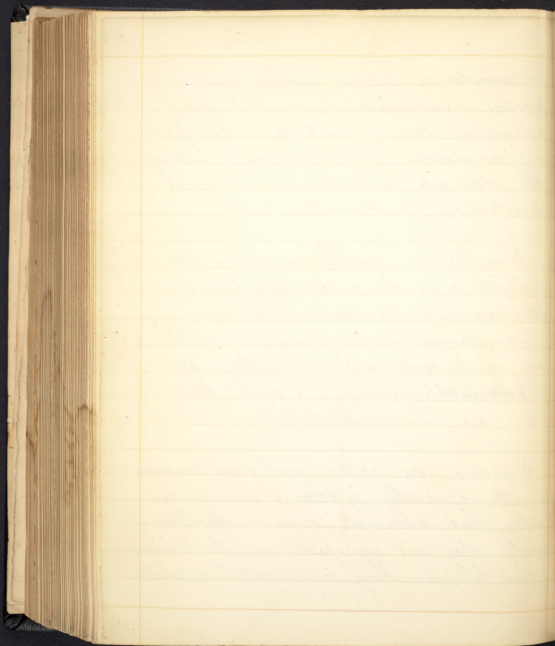
the case where dyspeptic symptoms precede the dysentery for a few days. Emetics are no less demanded but more so where dysentery occurs in miasmatic districts as large quantities of vitiated bile is very often present in the stomach on its first attack which if not rejected by vomiting will pass into the bowels and there prove a fruitful source of irritation. Although emetics are frequently used in the primary stage of acute dysentery to empty the stomach still I do believe they are much neglected in the more advanced stage of it not on the account of their evacuating the stomach but from the power they have in relieving congestion of the liver and by determining the blood to the surface and relaxing the spasms of the intestines. But there are two



circumstances which would render
 emetics inadmissible in the more
 advanced stage of acute dysentery first
 inflammation of the mucous coat of
 the stomach and second a great
 prostration of strength.

Emetics are equally useful in the
 subacute as in the acute dysentery and
 they are indicated under the same
 circumstances in the subacute as they
 are in the acute and where they are
 inadmissible in the subacute there
 they are in the acute.

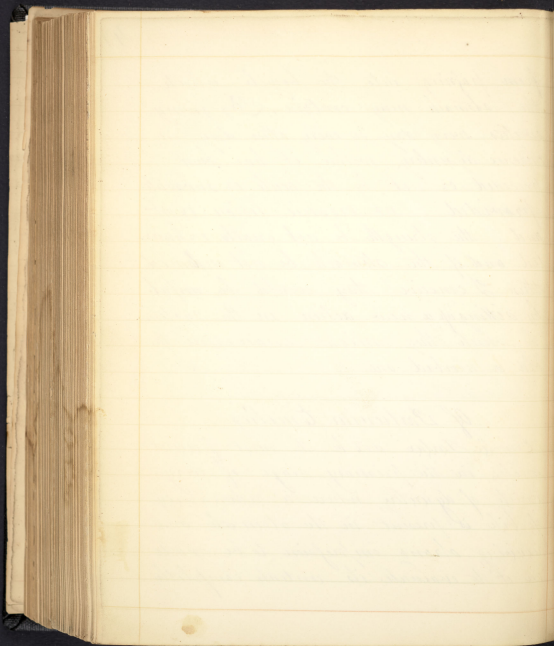
Emetics are rather ambiguous remedies
 in the generality of cases of chronic dys-
 entery but where it comes on spontane-
 ously they are appropriate in the primary
 stage by preventing any irritating matter



from passing into the bowels which the stomach may contain. By giving emetics every day or every other day in chronic dysentery whether it has been preceded or not by the acute or subacute provided no organic lesion exist and the strength be not greatly exhausted and if the stomach be not inflamed then I conceive they would be useful by setting up a new action in the system by which they might undermine the old or morbid one.

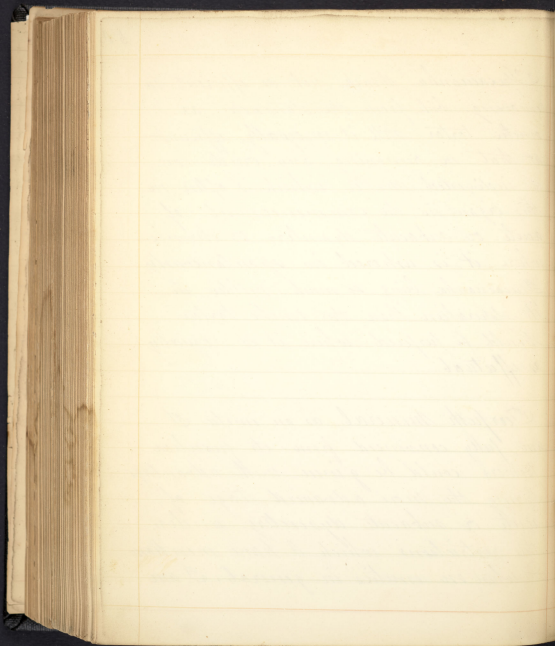
Of Particular Emetics

Emetic Tarlar will be the most efficient emetic in the primary stage of every variety of dysentery where a redundancy of bile is present in the stomach and requiring strong impression to be made on it to evacuate its contents completely.



Specacuanha though not so efficient in removing bile from the stomach as emetic tartar still it is equally efficient at that in removing any crude or indigested matter which is often in this organ in the commencement of acute or subacute dysentery or chronic where it is ushered in spontaneously. *Specacuanha* being so much milder in its operation than the emetic tartar should be preferred where it is equally as effectual.

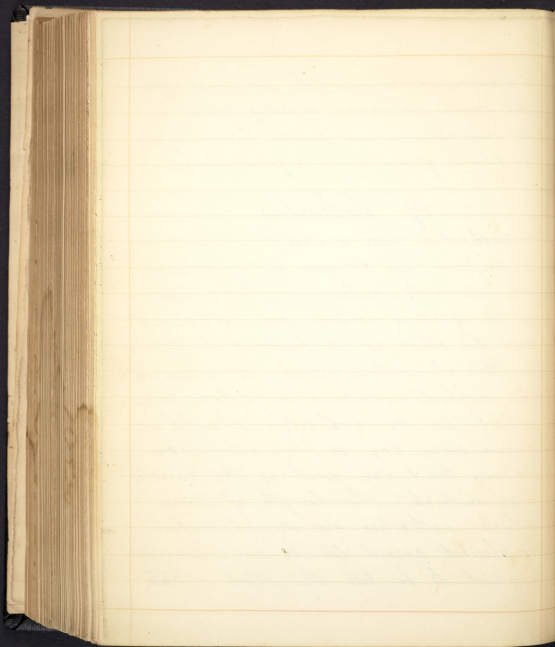
Turpetti Mineral as an emetic I am fully convinced from its peculiar powers could be given with advantage during the more advanced stage of acute or subacute dysentery under the restrictions which I have mentioned when on emetics in general. I am



also convinced it would be the most effective emetic in chronic dysentery given in the same manner and for the same purpose as I have spoken of in a former place

Of Cathartics

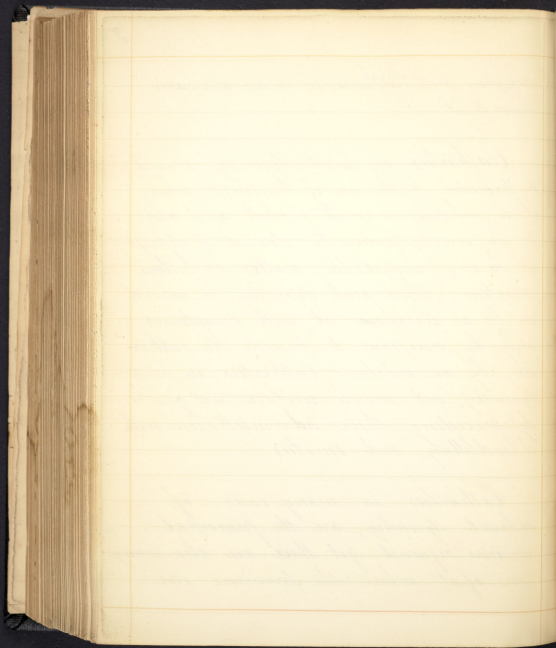
Cathartics have a double indication to perform in the cure of dysentery. the one is to reduce inflammation of the viscera which are involved and the other is to prevent irritation in the alimentary canal by evacuating the morbid secretions as fast as they collect in it. Cathartics should be given every day or every other day or every third day just as the variety may indicate. The length of time which cathartics are deemed useful is almost agreed too by one common consent to be till the stool shall



regain their ^{natural} appearance or an approach towards it

Cathartics in acute dysentery should be preceded by the use of the lancet where it is ushered in with a chill and also by an emetic where the stomach is oppressed by any indigestible matter or bilious secretion. When acute dysentery is ushered in by a diarrhoea it will sometimes only be necessary to precede the cathartic by an emetic. Cathartics in acute dysentery act much milder and quicker by preceding their administration with bloodletting and emetics

Cathartics in many cases of subacute dysentery, are the principal remedies required yet there are also many cases of it where the previous use

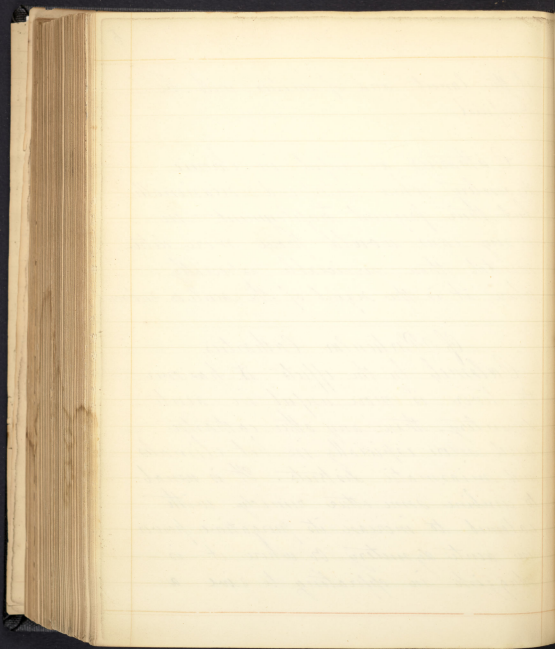


of the lancet and of emetics will be
beneficial

Cathartics are useful in chronic
dysentery when interposed occasionally
but their frequent employment in
many cases would prove more detri-
mental than serviceable especially
where it is the sequel of the acute or subacute

Of Particular Cathartics

Calomel by the effects it has over
the liver is more useful in acute
dysentery than any other cathartic
and more especially in hot climates
and miasmatic districts. It is usual
to combine some other remedy with
calomel to increase its purgative power
in acute dysentery or where it is
sluggish in operating to give a

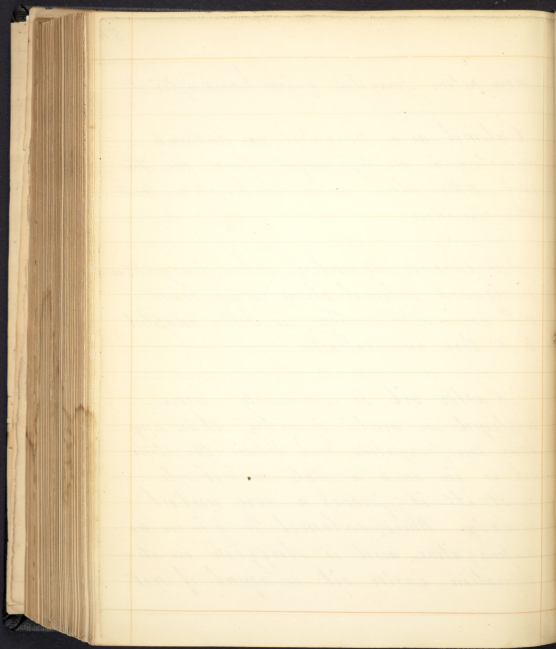


more active purgative a few hours after it.

Calomel as a purgative in subacute dysentery is no less useful than in the acute either alone or in combination with other remedies.

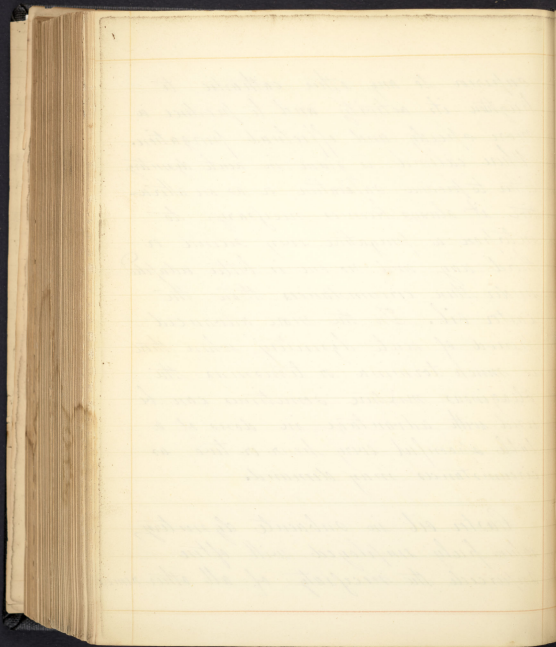
In chronic dysentery when purgation is required calomel alone or combined with some other remedy is better adapted to it than any cathartic.

Caster oil is commonly more employed in acute dysentery than any other one purgative and where the stomach is in such a state as not to reject it: it proves a very useful remedy. Where calomel is given as a purgative and is sluggish in its operation castor oil is equal if not



superior to any other cathartic to
 heighten its activity and to produce a
 more speedy and effectual purgation.
 When calomel is given in acute dysentery
 either to produce salivation or as an altera-
 tive it always becomes necessary to
 interpose a purgative every second or
 third day, and no one is better adapted
 under these circumstances than the
 castor oil. In the more advanced
 period of acute dysentery when there
 is much tormina or tenesmus the
 oleaginous mixture sometimes can be
 used with advantage in doses of a
 table spoonful every hour or two as
 circumstances may demand.

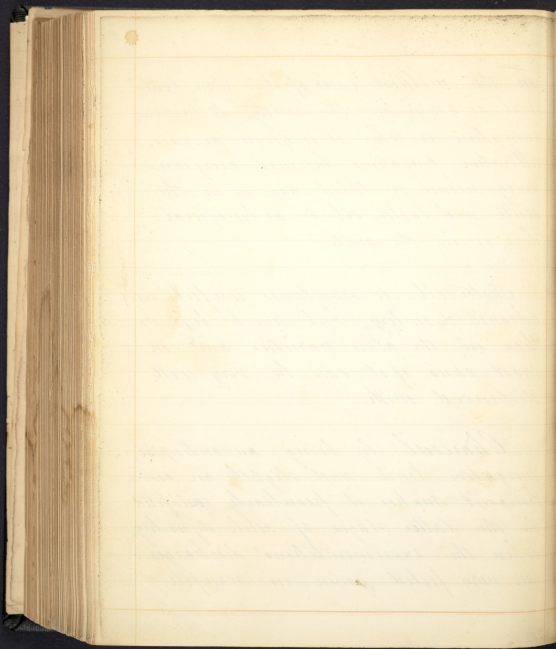
Castor oil in subacute dysentery,
 when fully employed will often
 supersede the necessity of all other remedies.



in the mildest cases of it. When Calomel is given in this variety, to produce salivation or when it is given as an alterative purgative becomes necessary every second or third day as in the acute and castor oil is as beneficial here as in the acute

Castor oil is sometimes useful in chronic dysentery but much less so than in the other varieties and in most cases of it can be very well dispensed with

Charcoal by being an antiseptic purgative tonic and slightly an astringent makes it peculiarly adapted in the latter stages of acute dysentery where the excrementitious discharges are very fetid given in scruple

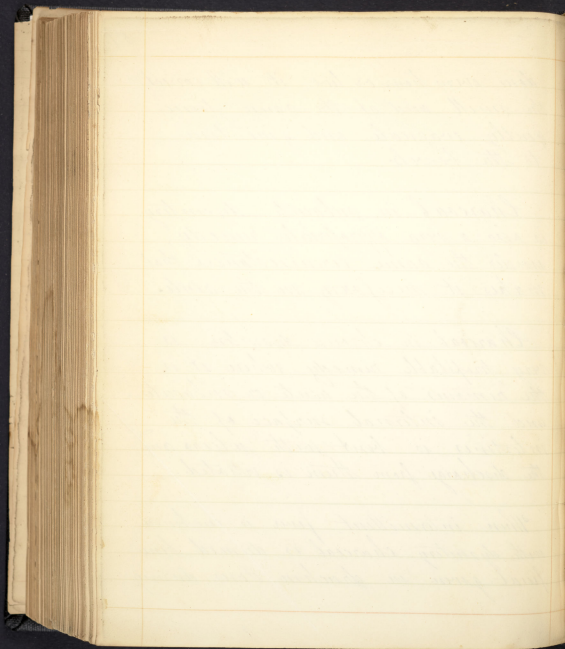


does every hour or two it will correct the smell and at the same time gently evacuate and give tone to the bowels.

Charcoal in subacute dysentery is also a very appropriate remedy, under the same circumstances that makes it necessary in the acute.

Charcoal in chronic dysentery is very profitable remedy where it is the remains of the acute or subacute and the internal surface of the intestines is beset with ulcers and the discharge from them is vitiated.

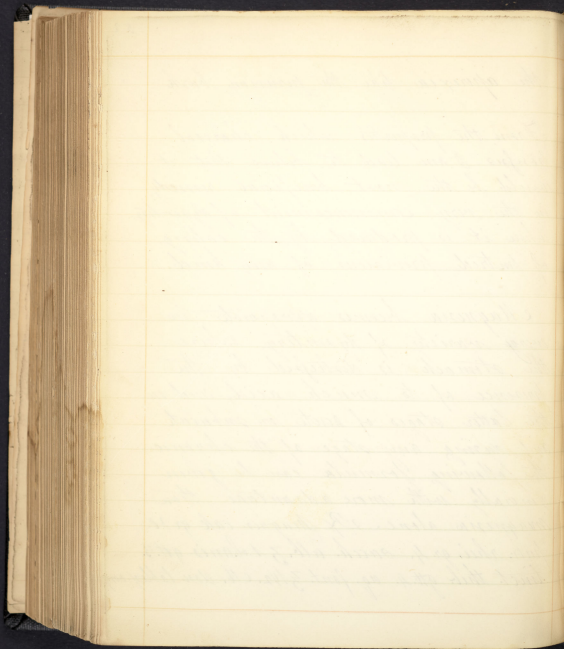
When intermittent fever is combined with dysentery charcoal is deemed beneficial given in drachm doses during



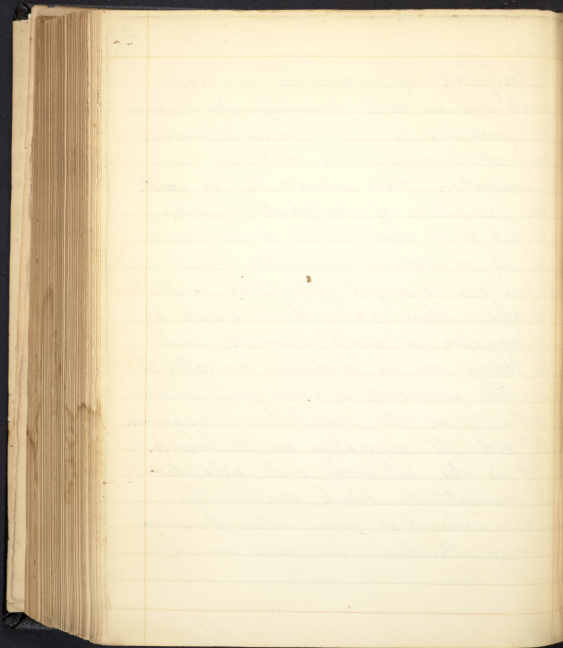
the apiruxia like the peruvian bark

From the properties which charcoal possesses I am lead to believe that it would be the most beneficial remedy in the very commencement of dysentery where it is produced by the eating of putrid provisions of any kind.

Magnesia becomes appropriate in every variety of dysentery where the stomach is distressed by the presence of too much acid, and in the latter stages of acute or subacute and during any stage of the chronic the following formula can be given generally with more advantage than Magnesia alone. \mathcal{R} Magnis. calc gr 30. pulv. rhiz. gr 4. sacch. alb. 3. Lobanis. gtt. 3. tinct. thib. gtt. 4. aq. font. $3\frac{1}{2}$. et. dose tablespoon.



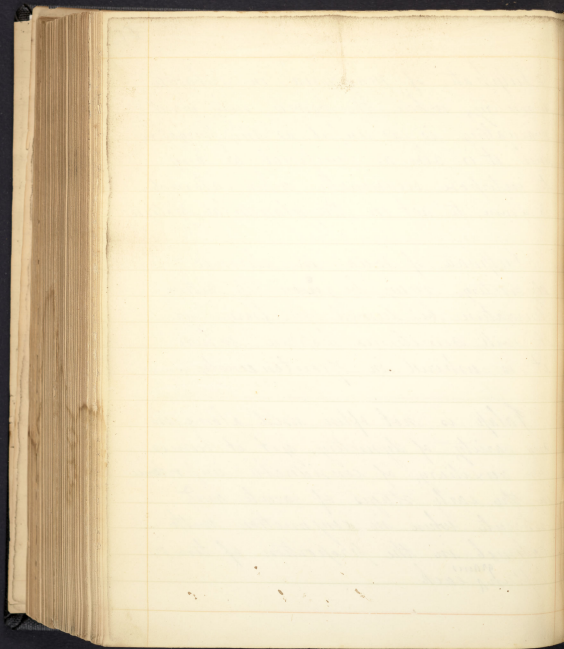
Sulphate of magnesia is very much used in acute dysentery, and perhaps no purgative is better suited to evacuate and at the same time to reduce inflammation than what this is with the exception of Sulphate of Soda which is so near allied to the former in its medicinal properties that where one is useful the other will be also. When calomel is given as a purgative in acute dysentery and is tardy in its operation no cathartic in the generality of cases will answer better than the sulphate of magnesia to aid its operation on the bowels. It is also extremely well adapted to evacuate the bowels occasionally where calomel is given either to salivate or as an alterative in this variety.



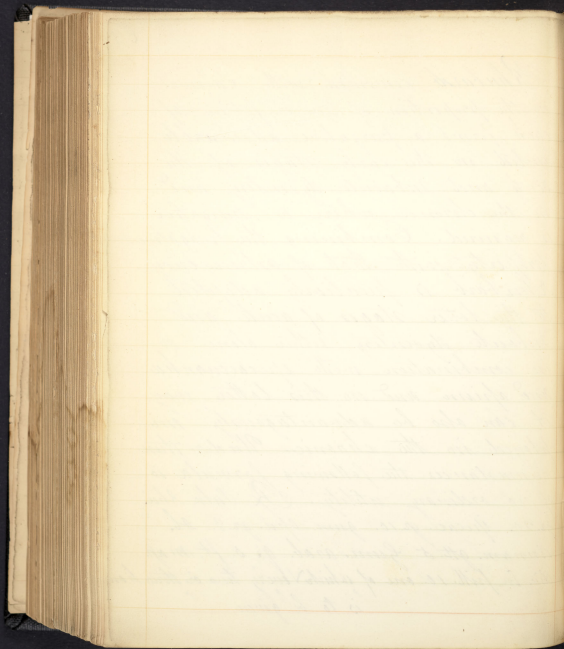
Sulphate of magnesia in subacute dysentery, where the bowels only want evacuating, is as useful as any purgative and it is also as beneficial as any to interpose occasionally when calomel is given to act on the glandular system.

Sulphate of soda in chronic dysentery, may be given if active purgation be deemed necessary as it will sometimes happen where it is withheld in spontaneity.

Jalap is not often used alone in any variety of dysentery, yet it becomes an auxiliary of considerable importance in the early stages of acute and subacute when in conjunction with calomel in the proportion of ten or fifteen ^{grains} each.



Rhubarb combined with calomel in the proportion of ten or fifteen of each forms a purgative admirably suited in the early stages of the acute and subacute dysentery, and in the chronic where a purgative is required. Combining the purgative property with that of astringency, rhubarb is peculiarly adapted to the latter stages of acute and subacute dysentery either alone or in combination with ipecacuanha and opium and in this latter way it can also be advantageously employed in the chronic. Under these circumstances the following formula is of no ordinary utility. \mathcal{R} Sub. Rh. gr. 20. ipecac. gr. 10. gum. opii. gr. 3. Stb. cinnam. gr. 5 Gum. arab. gr. 5. ft. mass. Div. in pill. 10. one of which every two or three hours is to be given.



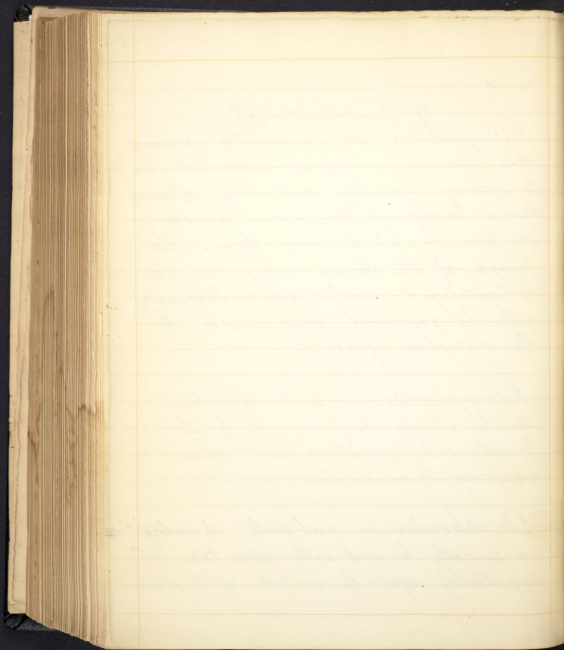
Diaphoresis

Of Diaphoretics

Diaphoretics are undoubtedly among those remedies which are indicated in the cure of dysentery and they certainly deserve much of the praise which has been bestowed upon them. The period of the disease when they can be employed most advantageously will be governed very much by the varieties of it.

Diaphoretics in acute dysentery should always be preceded by the lancet and purgatives and when necessary by an emetic.

Diaphoretics in subacute dysentery can generally be used with advantage immediately after the contents of the stomach

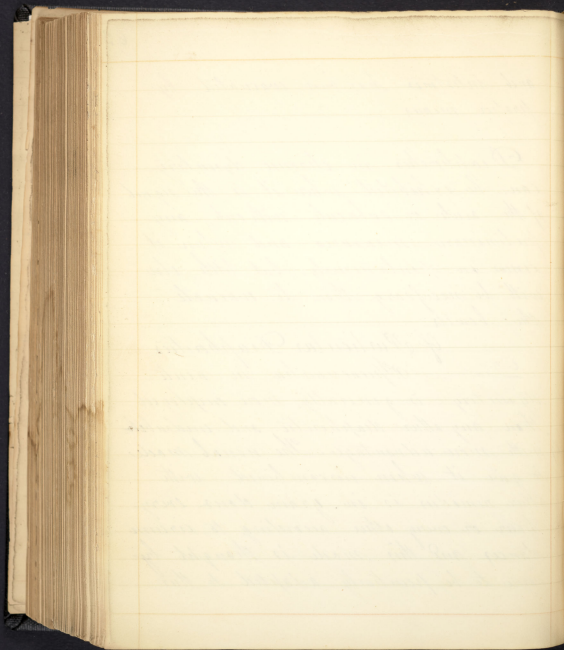


and intestines has been evacuated by
proper means

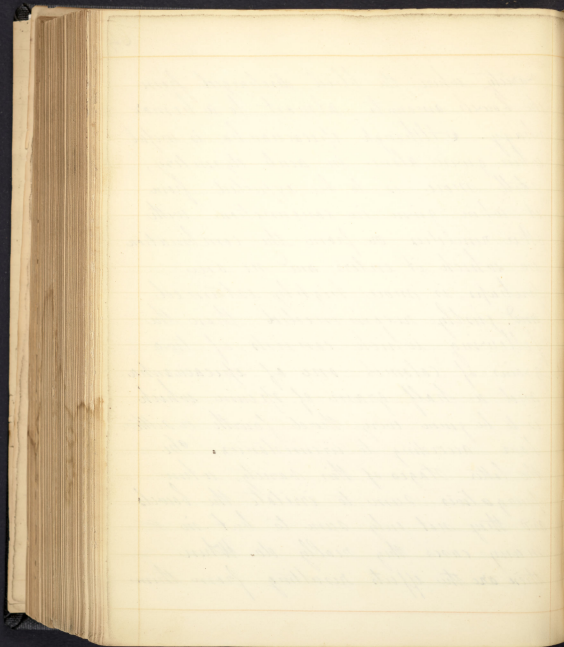
Diaphoretics in chronic dysentery
can be exhibited where it is the signal
of the acute or subacute without any
preliminary measures and when it
comes on spontaneously but little else
will be necessary than to evacuate
the bowels

Of Particular Diaphoretics

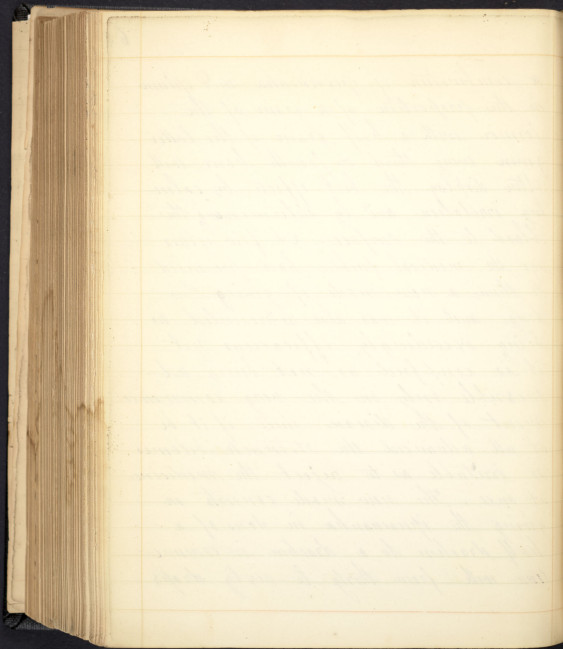
Diaphor. Spicaeantha in acute
dysentery is generally more employed
than any other diaphoretic and undoubt-
edly with more advantage. The usual mode
to give it when uncombined with
other remedies is in grain doses every
hour or every other according to circum-
stances and this mode is thought by
some to be peculiarly adapted to this



variety, when the blood discharged from the bowels amounts almost to a hemorrhagy. Although epacuanha is useful when given alone in acute dysentery, still more is to be expected from it when given in conjunction with other remedies or from the combination in which it enters and no one perhaps is more highly esteemed and justly recommended than the following which consists of two grains of calomel one of epacuanha and a half grain of opium which is to be given every third fourth or sixth hour according to circumstances. In the latter stages of this variety, when purgatives seem to irritate the bowels and they not only seem to but in many cases they really do. When these are the effects resulting from them



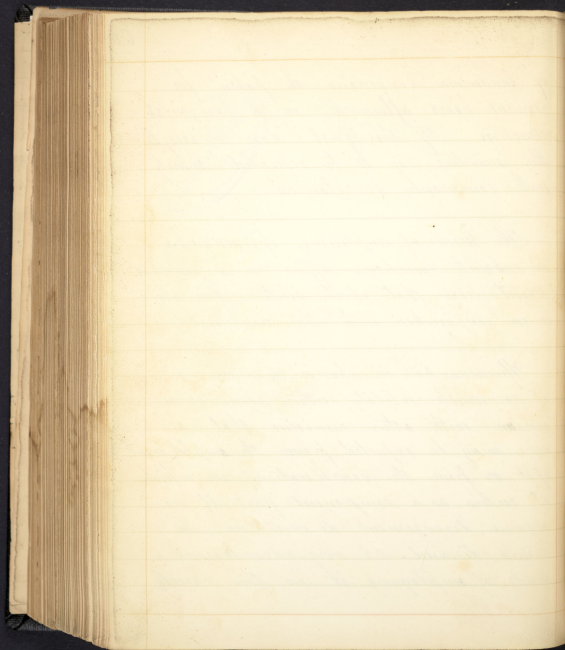
a combination of ipecacuanha and opium in the proportion of a grain of the former with a half grain of the latter given every third or fourth hour will often display the best effects by calming irritation and by determining the blood to the surface. A few years ago the medical public had presented to them a new mode of giving this drug and it was also represented as being exceedingly efficacious yet it is confessed as not being admissible only in the very commencement of the disease since if it be at all advanced the stomach becomes so irritable as to reject the medicine at once. The new mode consists in giving the ipecacuanha in doses of a half drachm to a drachm in conjunction with from thirty to sixty drops



of laudanum confining the patient for several hours afterwards in a horizontal position. If the first dose be rejected the mixture is to be repeated which will commonly be retained.

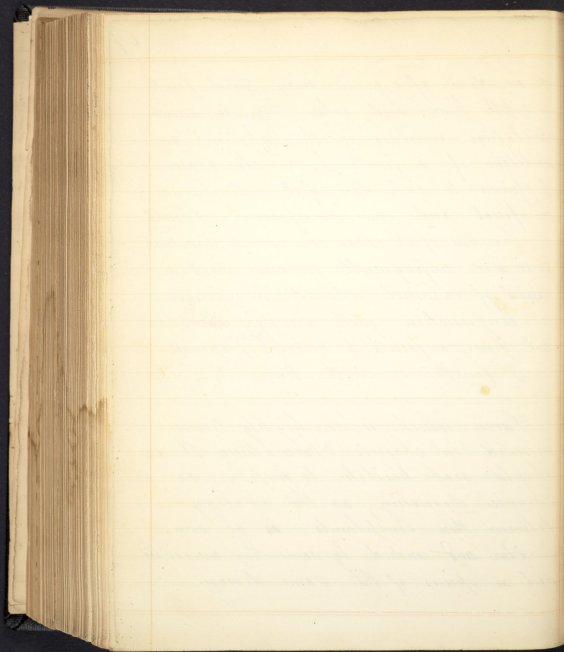
The mode of employing ipecacuanha in subacute dysentery differs in no essential point from that of the acute either alone or in conjunction with other remedies.

Ipecacuanha in chronic dysentery is of so much utility either alone or in union with other remedies that a cure may be expected from the employment of it or from the combination in which it enters as a component part if no organic derangement do exist in the viscera diseased. It is very advantageous mode of employing it in this variety

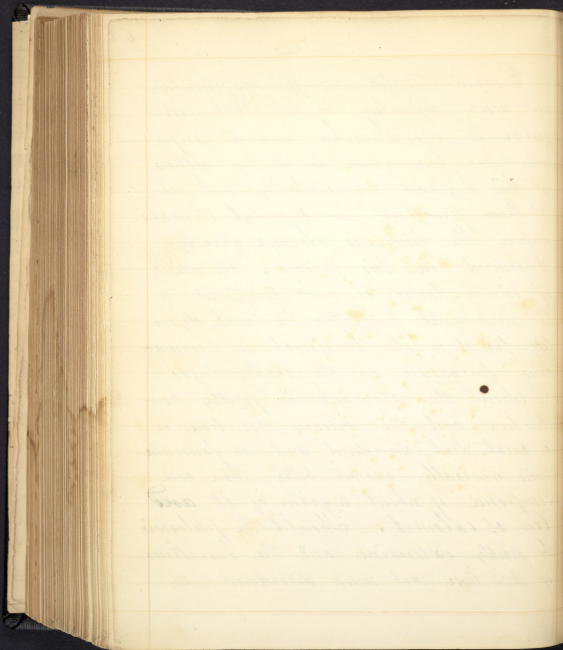


is in dose of a grain every third fourth
 or sixth hour and when there is much
 irritation existing in the intestines an
 addition of a fourth to a half grain
 of opium to each dose of it will become
 beneficial and even necessary. Should
 the functions of the liver be much disordered
 as is not infrequently the case about a
 grain of calomel should be given
 in conjunction with one of *opiacacantha*
 and from a fourth to a half ^{grain} of opium
 every fourth or sixth hour

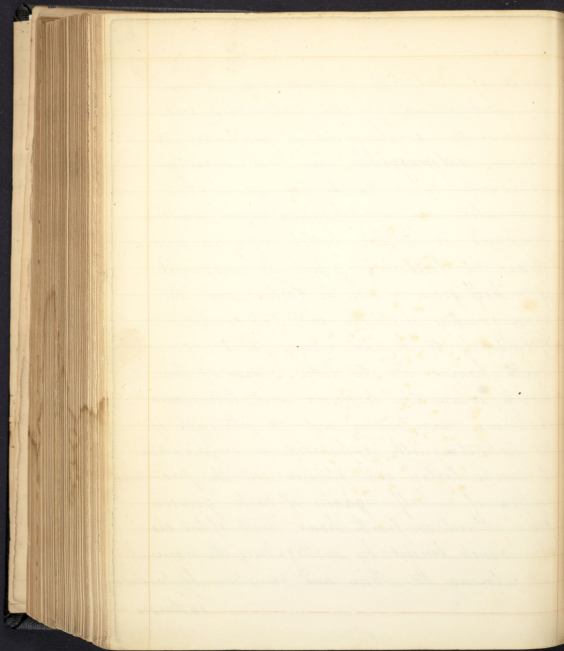
Flavin which is so highly recom-
 mended in chronic rheumatism It
 should not hesitate to employ in
 chronic dysentery, as the analogy
 between these complaints is so very
 similar and indeed by some they are consid-
 ered as species of the same disease.



Emetic Tartar as a diaphoretic
 in acute dysentery is but little in-
 ferior to ipecacuanha and a prefer-
 ence has been given to it by authors
 of the highest respectability but most
 of them practised in tropical climates
 where the liver is always greatly
 disordered in this disease. The utility
 of emetic tartar is not confined to
 its diaphoretic properties in acute dysen-
 tery for it is also beneficial in stom-
 achic purgation in the early stages
 when the stomach is pretty re-
 tentive and the biliary secretion is
 a great deal disordered and no formula
 will generally answer better than one
 composed of about a grain of it and
 ten of calomel. Should the phlogosis
 be pretty extensive and the functions
 of the liver not much disordered in



ounce of sulphate of magnesia may
 be substituted for the calomel. Its
 use as the employment of diaphoretics
 become admissible in this variety
 especially when it occurs in hot
 climates no diaphoretic combination
 perhaps is much better adapted than
 the following which is composed
 of a half grain of emetic tartar and the
 same quantity of opium and two or three
 of calomel to be given every fourth or
 sixth hour. In the latter stages of this
 variety where the tormina and tormina
 continue unremitting and the strength of
 the patient is greatly exhausted a combination
 of emetic tartar and opium in the pro-
 portion of a half grain of each given
 every third or fourth hour will often dis-
 play much benefit by mitigating the pain
 and relieving the spine and sometime by producing
 catharsis

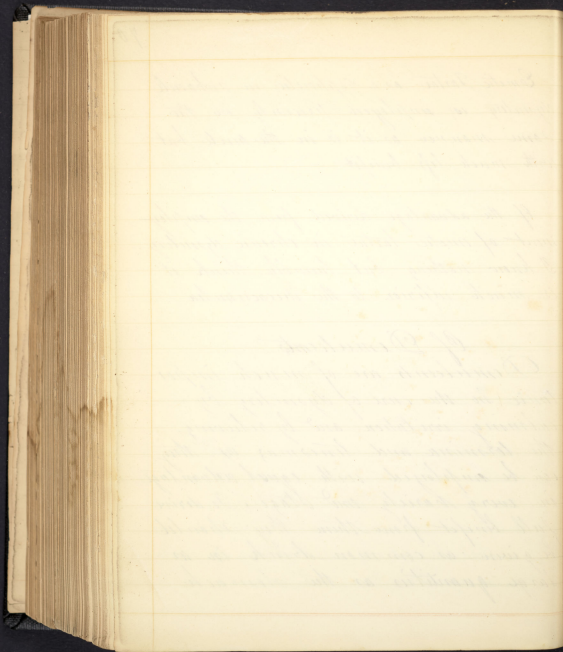


Emetic Tartar as a diaphoretic in subacute dysentery is employed precisely in the same manner as it is in the acute but with much less benefit.

If the advantage derived from the employment of emetic tartar in chronic dysentery I know nothing but humbly think it is much inferior to the ipecacuanha.

Of Demulcents

Demulcents are of much importance in the cure of dysentery by calming irritation and by relieving the tormina and tenesmus as they can be employed with equal advantage in every variety and stage. To derive full benefit from them they should be given as common drink in as large quantities as the stomach

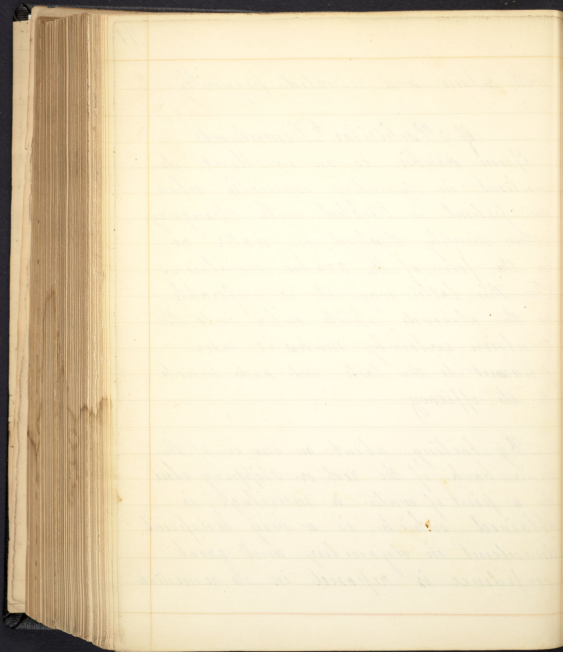


will retain and repeated frequently.

Of Particular Demulcents

Gum arabic is an excellent demulcent in dysentery especially when the patient is troubled with strangury either simply dissolved in water or in the form of the arabic emulsion. In this latter way it is preferable as the almonds which enter into the emulsion certainly makes it more pleasant to the taste and adds much to its efficacy.

By boiling about an ounce of the inner bark of the red or slippery elm in a pint of water a mucilage is obtained which is a very beneficial demulcent in dysentery and great confidence is reposed in its immediate

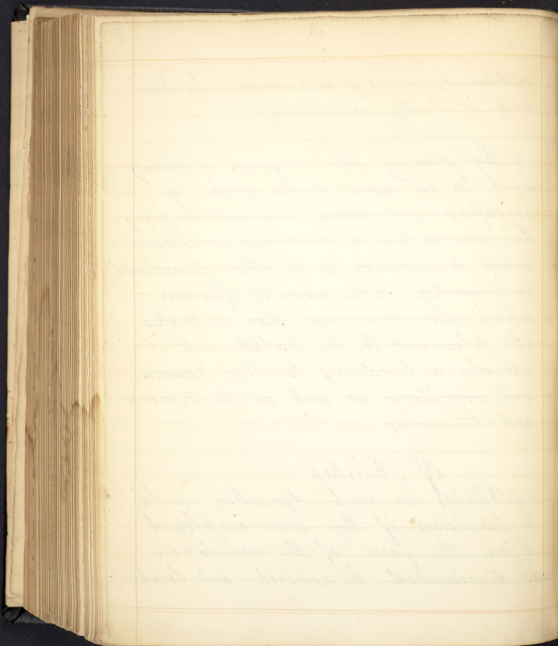


virtues by some practitioners who have used it pretty extensively.

By pouring about a quart of boiling water on an ounce of the pith of sassafras and letting them stand for an hour or two a mucilage is obtained which is superior to all other demulcents in dysentery. The aromatic flavour which this mucilage has, makes it pleasant to the palate and it has also a tendency to allay nausea and vomiting as well as the tenesmus and burning.

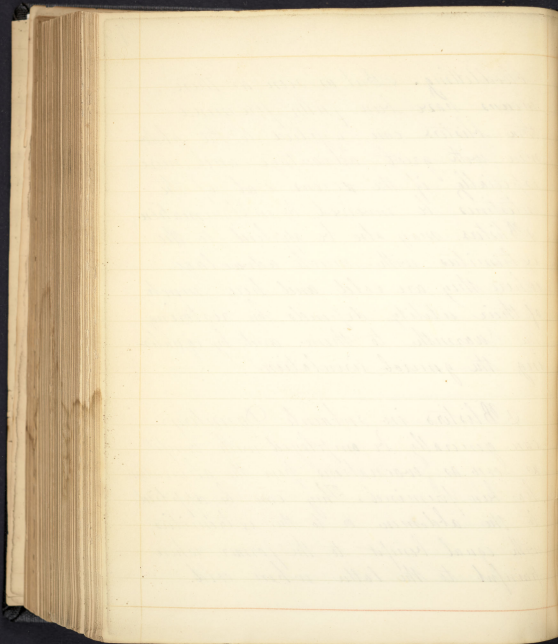
Of Blisters

Blisters in acute dysentery would be pernicious if they were employed before the force of the circulation was diminished by general and local



bloodletting. But as soon as these means have been fully premised these blisters can be applied to the abdomen with great advantage and more especially if the serous coat of the intestines be involved by inflammation. Blisters may also be applied to the extremities with much advantage where they are cold and here much of their utility depends by restoring the warmth to these and by equalising the general circulation.

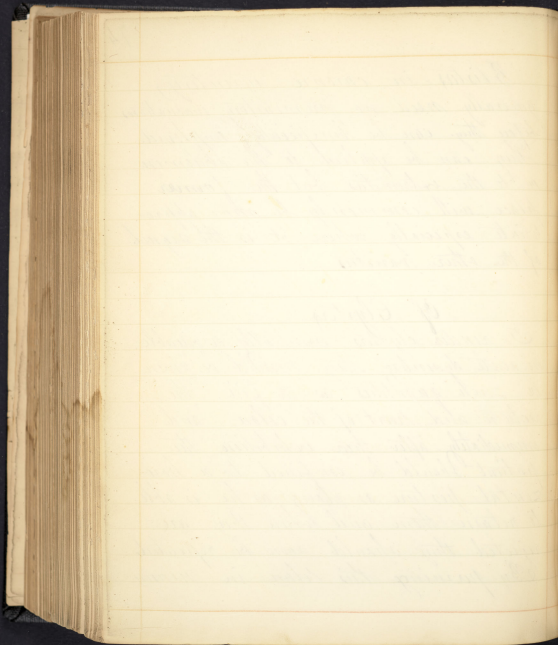
Blisters in subacute Dysentery can generally be employed with benefit so soon as evacuations from the alimentary has been premised. They can be applied to the abdomen or to the extremities with equal benefit to the former when painful to the latter when cold.



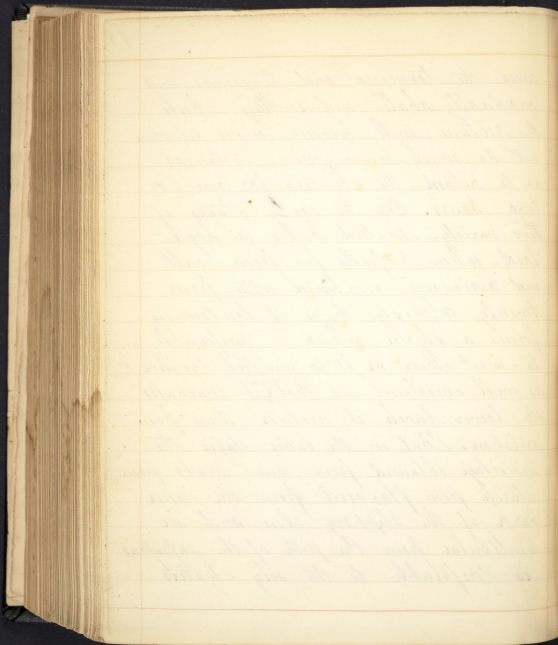
Blisters in chronic dysentery,
generally need no preliminary evacuations
before they can be beneficially employed.
They can be applied to the abdomen
or to the extremities but the former
place will commonly be more appro-
priate especially where it is the sign
of the other varieties.

Of Clysters

To render clysters essentially serviceable
in acute dysentery they should be given
in such quantities as to fill the
rectum and part of the colon and
immediately after their exhibition the
patient should be confined to a hori-
zontal posture as long as he is able
to retain them and when they are
rejected they should soon be repeated.
By pursuing this plan in many

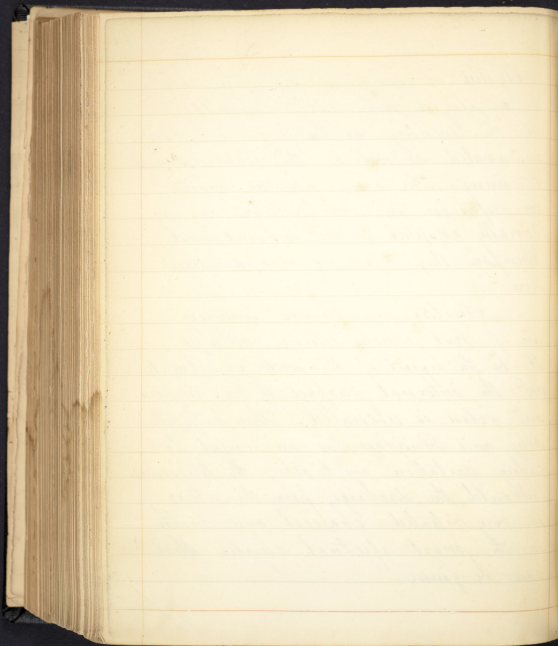


cases the tormina and tenesmus will gradually abate and as they abate the rectum will become more retentive and so much so in many instances as to retain the chylsters for one or two hours. In the early stages of this variety melted butter or hogs lard when perfectly free from salt and acrimony, combined with from twenty to sixty drops of laudanum forms a chylster which is preferable to most others as it is gently laxative as well emollient so that ^{it} it evacuates the lower bowels it protects them from irritation. But in the latter stages the mucilage obtained from gum arabic from starch from flax seed from the inner bark of the slippery elm and in particular from the pith of the sassafras is preferable to the oily chylsters



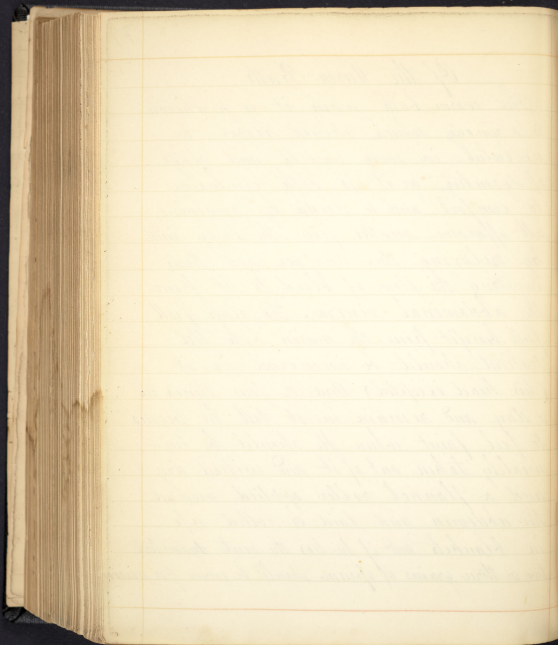
Clysters in subacute dysentery can be employed with most advantage in the evening as the fever is then aggravated as well as the tenesmus and tinnus. The same clysters which are useful in the acute dysentery are equally adapted to the subacute and therefore they need no recapitulation here.

Clysters in chronic dysentery are of not much utility unless it be the sequel of the acute or subacute and the internal surface of the rectum and colon is ulcerated. Then both the oily and mucilaginous are useful to calm irritation and to allay the tenesmus. Should the discharge from the ulcers be very vitiated charcoal and milk is the most effectual clyster that can be given.



Of the Warm Bath

The warm bath when it is practicable is a remedy which should never be neglected in every variety and stage of dysentery, as it is both conducive to comfort and to health by removing all offensive matter from the body, and by relaxing the surface and thus inviting the flow of blood to it from the abdominal viscera. To reap full benefit from the warm bath the patient should be immersed in it (his head excepted) three or four times in a day and remain in it till he begins to feel faint when he should be immediately taken out of it and wiped dry and a flannel roller applied around his abdomen and laid or rolled up in blankets and if he has the acute dysentery two or three grains of opium should be given per anum

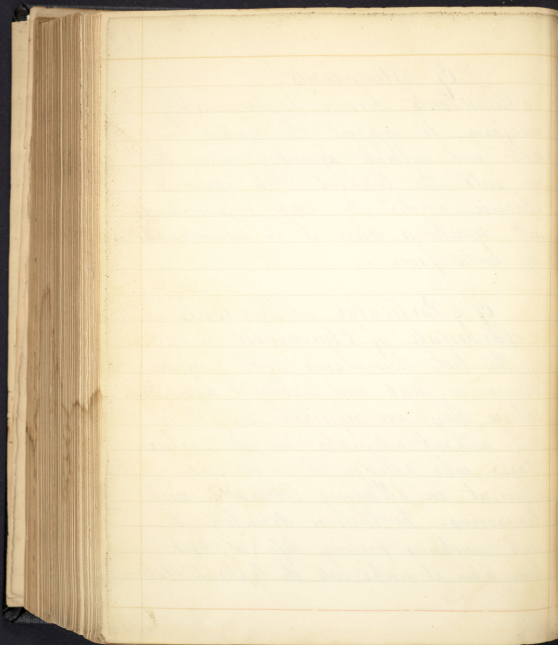


Of Stimulants

Stimulants become indispensably necessary to support the system in acute and subacute dysentery when they run into the typhoid state also in chronic under the same circumstances and sometimes when it is accompanied by hectic fever.

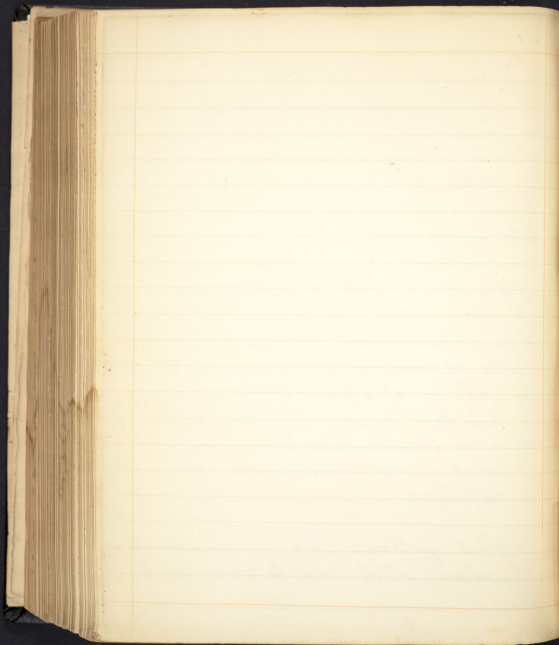
Of Particular Stimulants

Carbonate of Ammonia is one of the best stimulants that can be given in acute and subacute dysentery when they are required and it is not without advocates in the earlier stages who alledge it to be very efficient in allaying tormina and tenismus. In Chronic dysentery it will sometimes prolong life a short time when it sinks into the typhoid state.



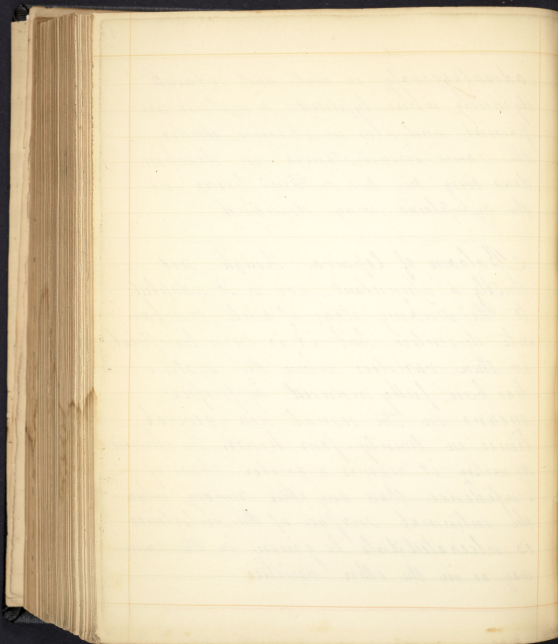
Camphor is but little inferior
 if not superior to all other stimulants
 in acute and subacute dysentery, and
 it can be given with advantage in
 the latter stages of these varieties
 before symptoms of a typhoid char-
 acter appear either alone or in conjunc-
 tion with opium in doses of about
 three grains with a half grain of
 the latter article to be repeated every
 three or four hours. This same combi-
 nation of camphor and opium with
 the addition of a grain of ipecacuanha
 to each dose repeated every three or four
 hours in chronic dysentery is one of
 the most efficient remedies that can
 be employed.

Spirit of Turpentine is another
 stimulant which may be employed



advantageously in acute and subacute dysentery where typhoid symptoms are present and also in chronic under the same circumstances in draughts every one two or three hours as the symptoms may demand.

Balsam of Capiva though not strictly a stimulant nor is it adapted to the sinking stage of acute or subacute dysentery but it is very beneficial in those varieties when the system has been fully reduced by previous means in the usual dose several times in twenty-four hours. In chronic dysentery it requires a greater share of confidence than any other remedy when the internal surface of the intestines is ulcerated it is begun in the same way as in the other varieties.



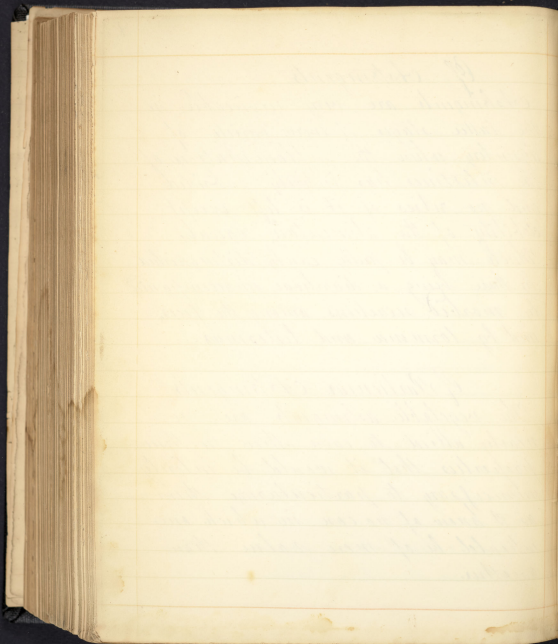
Of Astringents

Astringents are very serviceable in the latter stages of every variety of dysentery when the inflammation of the intestines has entirely subsided and no relics of it is left except debility of the alimentary canal.

Which may be pretty easily distinguished by there being a diarrhoea unaccompanied by morbid secretions among the feces, and by tormina and tertasmus.

Of Particular Astringents

The vegetable astringents are so nearly allied to each other in their properties that it would be entirely unnecessary to particularize them as I know of no case in which one would be of more value than another.



The mineral acids are more useful astringents in dysentery, than the vegetable and they can be employed beneficially in the latter stage of it where the system is exhausted without an entire disappearance of the local inflammation. Among the mineral acids the nitrous is preferred and it has lately been exorbitantly praised in the following formula. R. of Nitrous acid ℥jii
 of compounded Emulsion ℥vii
 of Candanum gr^{ss} D
 of this mixture a table-spoonful may be taken every hour or two &

Dr. Johnson